

CM-III (b)

County _____

Date _____

ITEMIZED METHOD Non-salary Cost Worksheet

(DDES Model Form for HCBS – waivers)

1 Non-salary item	2 Total Cost \$	3 Federal Funds \$	4 Net cost (2 – 3) \$	5 % allocated to Care Management	6 Projected non-salary CM costs (4 x 5) \$	7 Method of allocation
Space costs (rent, utilities, building management)						
Travel						
Training						
Telephone						
Postage						
Printing						
Office supplies						
Equipment (rental/maintenance)						
TOTAL					\$	Hourly add on*

CALCULATION OF TOTAL CARE MANAGEMENT RATE FOR PROVIDER ENTITY USING THE ITEMIZED METHOD

- Projected total annual support staff costs for CM
(from total of Column 8, Administration and
Support Staff Worksheet CM-III (a)) \$ _____ (1)
- Projected non-salary costs for CM
(from total of Column 6, Non-salary Worksheet CM-III (b) above) \$ _____ (2)
- Total indirect/support cost for CM (1 + 2 = 3) \$ _____ (3)
- Total projected CM hours
(from Column 6, Direct Service Staff Worksheet CM-I) _____ hours (4)
- Indirect/support cost hourly add-on, above (3 ÷ 4 = 5) \$ _____ (5)*
- Weighted CM hourly rate
("D" from Direct Service Staff Worksheet CM-I) \$ _____ (6)
- TOTAL CARE MANAGEMENT PER HOUR** (5 + 6 = 7) \$ _____ (7)